

FILED FEB 24 1942

STANDARD CERTIFICATE OF DEATH

State File No.

562

Registration District No.

Primary Registration District No.

Registrar's No.

406

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4416 Laclede Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 56 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna McCarthy.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow.
(b) Name of husband or wife John J. McCarthy. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 11th 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 1 hr. min.

9. Birthplace Ireland.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business.....

12. Name William Lovette.
13. Birthplace Ireland.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Neenan.
15. Birthplace Ireland.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nellie McCarthy.

(b) Address 4416 Laclede Ave.

17. (a) Burial. (b) Date thereof 1-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840

19. (a) Jan 14 1942 (b) J. J. Breck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 4416 Laclede Ave. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th
year 1942 hour 4. minute 50 A.M.

21. I hereby certify that I attended the deceased from 1937, 19 11-11-42
that I last saw her alive on 1-11-42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Chr. Left side
Due to Hypertension

Due to Myocarditis - Chronic
Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
Of autopsy 93c

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury 0
23. Signature J. J. Breck (M. D. or other) M.D.
Address 003902 Date signed 1-14-42

1230-2 PM
6639 W. Co
1230-2 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.